

**Health Access Nurturing Development Services (HANDS)  
Provider Type 15  
907 KAR 3:140**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may not enroll.
- Provider must have “bricks and mortar”.
- Providers must be Department for Public Health, local, or district health department.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- W-9
- NPI and Taxonomy Verification (If applicable)

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602